Arizona Health Care Cost Containment System

November-December, 2001

ENCOUNTER KEYS

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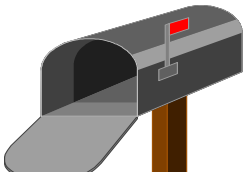


AHCCCS ENCOUNTER

OPERATIONS UNIT

P.O. Box 25520

Phoenix, AZ 85002-5520

Mail Drop #8500

Fax: 602-417-4725

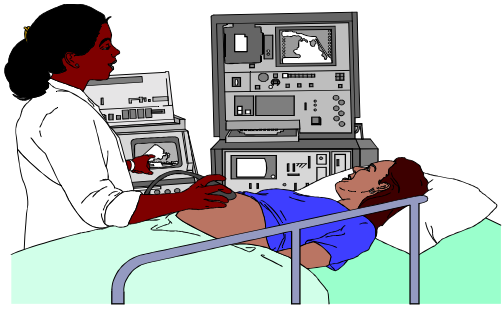
Internet: www.ahcccs.state.az.us/content/resources/publications

For Technical Assistance contact:

Peggy Brown (602) 417-4662

Ester Hunt (602) 417-4140

UNBUNDLING OF PRENATAL VISITS



In a review of pended and adjudicated encounter data, the AHCCCS Encounter Unit discovered apparent unbundling of prenatal visits. **Unbundled prenatal visits creates unnecessary duplicate pend errors and may cause prenatal visit quality indicator issues.** The AHCCCS Fee-for-Service Provider Manual, Obstetrical Services Section (pp.14-17 through 14-20) provides examples of reporting prenatal visits.

Encounter Reporting

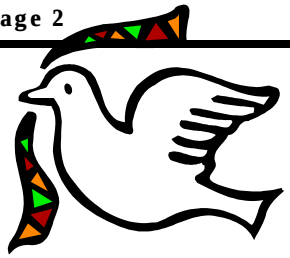
For reporting prenatal encounter visits: The beginning date of service is the date of the first prenatal visit; the ending date of service is the date of the last prenatal visit; and the units field is the total number of prenatal visits from the beginning through ending dates of service. Billed charges for these prenatal visits may be reported. The expected health plan paid amount would be $0.00.

For further clarification regarding the reporting of prenatal encounter visits, contact your Technical Assistant.

PROCEDURE CODE UPDATES

Effective 03/01/2002 The following 'D' edits will be changed to active status 'Y':

D120 Recipient Age Exceeds Secondary Dx Allowable Max Age
D125 Recipient Age Less Than Secondary Dx Allowable Min Age
D130 Recipient Sex Invalid For Secondary Diagnosis
D695 Member Age Exceeds Diagnosis 5 Max
D700 Member Age Less Than Diagnosis 5 Min
F705 Member Sex Invalid For Diagnosis 5



DILEMMAS

For the months of November and December, pended encounters with the following error code conditions are not subject to sanction.

S385 – Service Units Exceed Maximum Allowed (pertains only to the 80000 procedure codes).

Z720 – Exact Duplicate Found for dental encounters when multiple tooth surfaces are reported.

PROCEDURE CODE DAILY MAXIMUM UPDATES & CHANGES

The following procedure codes have revised daily maximum amounts. The new amounts are as follows:

Code	Description	Amount
86003	Allergen Specific IGE; Quantitative or Semiquantitative	25
86235	Extractable Nuclear Antigen, Antibody To, Any Method	10
J0290	Ampicillin Sodium, 500 mg	24
J0295	Ampicillin/Sulbactam 1.5 g	8
J0580	Pcn G Benzathine, up to 2.4 mu	2
J0690	Cefazolin Sodium 500 mg	24
J0696	Ceftriaxone Sodium, per 250 mg	16
J0697	Cefuroxime Sodium, per 750 mg	8
J0713	Ceftazidime, per 500 mg	8
J1580	Garamycin, Gentamycin up to 80 mg	6
J2175	Merperidine HCl., per 100 mg	9
J2270	Morphine Sulfate, up to 10 mg	10
J2275	Morphine Sulfate, per 10 mg	60
J2510	Pcn G Procaine, aq, up to 600,000 U	8
J2540	Pcn G Potassium, up to 600,000	8
J2550	Promethazine HCl, up to 50 mg	12
J2700	Oxacillin Sodium, up to 250 mg	48
J3260	Tobramycin, up to 80 mg	7
J9170	Docetaxel, 20 MG	10

Effective 12/01/2001 – the following 'I' edits will be changed to an active status (Y). The codes had previously been set to Soft which was used to track the number of pended encounters.

I425	Member Age Less Than ICD9 Proc 4 Min
I426	Member Age Exceeds ICD9 Proc 4 Max
I427	Member Sex Invalid For ICD9 Proc 4
I525	Member Age Less Than ICD9 Proc 5 Min
I526	Member Age Exceeds ICD9 Proc 5 Max
I527	Member Sex Invalid For ICD9 Proc 5
I625	Member Age Less Than ICD9 Proc 6 Min
I626	Member Age Exceeds ICD9 Proc 6 Max
I627	Member Sex Invalid For ICD9 Proc 6
S365	Recipient's Age Is Less Than Min For Specified Procedure
S370	Recipient's Age Is Greater Than Max For Specified Procedure
S375	Recipient's Sex Is Invalid For Specified Procedure

CONTRACTORS ALERT!

Encounters pending for error code A950 – Data Gathering Error are a result of apparent billing errors and will be released to Contractors for correction. These encounters have bill charges of $0.00 and health plan paid amount of $0.00; or bill charges of $0.01 and the health plan paid amount of $0.01. AHCCCS' computer system can not value the services performed on one cent and zero charges.

These encounters will be returned on the pend file with the new error code A951 – FORCE PEND FOR CONTRACTOR CORRECTIONS . The File can be found on the Outside server. The file name will be CC (current download date i.e., CC111701). For the complete file layout of this Comment File refer to the September-October, 2001, page 5, Encounter Keys.

Encounter Unit suggestions for correcting these encounters can be found in the Comments File which is placed on the FTP server along with other cycle Output files.

The encounters which had previously pended for A950 will now appear as A951 and have a "Y" in the Pend (PND) FIELD. When the encounter has been corrected, the encounter, remove the a "Y". ALSO, remove the comments found in the comment field when correcting these encounters On-Line. For further clarification contact the Technical Assistants.

PROVIDERS MAY NOT BILL FOR VACCINE ADMINISTRATION UNDER VFC

Providers must not use the immunization administration CPT codes 90471 and 90472 when billing for vaccines under the Federal Vaccines for Children (VFC) program.

Under the VFC program, providers are reimbursed a capped fee for administration of vaccines to Medicaid-eligible (Title XIX) recipients 18 years of age and younger.

Providers must bill the CPT code for the immunization with the AHCCCS-specific "VA" modifier that identifies the immunization as part of the VFC program. Because the vaccine is made available to providers at no cost, they may bill only for administration of the vaccine and not for the vaccine itself.

UPDATES

- The minimum age for procedure code J7618 and J7619 (Albuterol, all formulations including separated isomers) has been changed to 0 years.
- HCPCS code Q0187 (Factor VIIA-coagulation factor, recombinant per 1.2 mg) has been added to provider type 23 – Home Health Agency.
- The ICD-9 diagnosis codes V72.5-Radiological examination, not elsewhere classified and V72.6-Laboratory examination are general diagnosis codes. The specific reason(s) (diagnosis code) for the exam must be reported.